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Assessment Of Working Relationships Between Athletic Training Program Faculty And Clinical Preceptors

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ASSESSMENT OF WORKING RELATIONSHIPS BETWEEN ATHLETIC TRAINING PROGRAM FACULTY AND CLINICAL PRECEPTORS

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ABSTRACT

Athletic training degree programs require both clinical and classroom educational content. The educational content of the 2020 Standards, adopted in 2018 by athletic training's accrediting body, included a requirement for additional skills and a minimum level degree. However, clinical preceptors educated prior to 2018 working in athletic training programs are often not proficient or trained in the new techniques. The change in athletic training educational knowledge has led to a theory–practice gap between athletic training faculty and clinical preceptors working in the field. Athletic training faculty and clinical preceptors need good communication and interpersonal working relationships to bridge the gap between theory and application of knowledge.

Currently, a gap exists in practitioners' understanding of the working relationships between academic and clinical athletic trainers and their influence on athletic training programs. The purpose of this study was to understand the theory–practice gap in athletic training programs by identifying attitudes and perceptions of the working relationships between faculty and clinical athletic trainers at Commission on Accreditation in Athletic Training Education (CAATE)-accredited institutions. This study's research question was "What are the attitudes and perceptions of working relationships between a select sample of faculty and clinical athletic

trainers in CAATE-accredited athletic training programs?" This study used a qualitative interpretive phenomenological research methodology. The eight participants were clinical, and faculty athletic trainers associated with an accredited athletic training program. Interviews were completed, and the researcher used the qualitative data to develop themes. Two themes and four subthemes emerged, including communication, communication about 2020 Standards, support, job position, working relationships, and value. For positive working relationships, athletic trainers should receive support in their job positions, communicate well, collaborate, and feel valued within the athletic training program. Further research should focus on studying communication between academic and clinical athletic trainers with regard to the theory–practice gap in the field of athletic training.

Keywords: theory–practice gap, communication, athletic trainers, CAATE, working relationships

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CHAPTER ONE: INTRODUCTION

The National Athletic Trainers Association (NATA) was established in 1950, beginning the process of formalizing athletic training education and advancing the profession (Delforge & Behnke, 1999; Weidner & Henning, 2002). "Athletic training encompasses the prevention, examination, diagnosis, treatment, and rehabilitation of emergent, acute, or chronic injuries and medical conditions" (NATA, 2020, Education Overview section, para. 1). Further, athletic training is an allied healthcare profession recognized by the American Medical Association, Health Resources Services Administration, and the Department of Health and Human Services (NATA, 2020). "Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of and in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations" (NATA, 2020, About Athletic Training section, para. 2).

Athletic training education has been revised since its inception in 1950s however, the first major revision occurred in 2002 and contained a declaration that the only way to become certified by the Board of Certification was through formal, didactic education (Craig, 2003; Delforge & Behnke, 1999). Previously, students could enroll in an internship program or a formal accredited undergraduate four-year degree (Craig, 2003). Another change occurred in 2006 when the Commission on Accreditation of Athletic Training Education (CAATE) became an independent agency and assumed responsibility for athletic training education (CAATE, 2020). CAATE specifies operational standards, sets educational content standards, and defines

parameters for clinical education, which is an integral part of athletic training education (CAATE, 2020).

In 2018, the 2020 Standards adopted by CAATE altered the educational content and profession of athletic training (CAATE, 2020). The new requirement set forth by CAATE, effective by 2022, is that all athletic training degrees transition from an undergraduate degree to a master's degree (CAATE, 2020). The degree change affects the current profession of athletic training creating alternative career paths and influencing state practice acts (CAATE, 2020; PATS, 2020).

CAATE (2020) rules stipulate that every athletic training program must have a program director and a clinical coordinator of education. The clinical coordinator of education is responsible for scheduling students' clinical rotations for hands-on learning, overseen by a clinical preceptor (CP; CAATE, 2020). A CP is defined as a certified athletic trainer (AT) or physician (CAATE, 2020).

With the 2020 Standards, students enrolled in athletic training programs learn and become proficient in medical techniques and skills not a part of the previous educational content requirements (CAATE, 2020). Practicing ATs who received their education prior to the implementation of the 2020 Standards are often not aware of the latest requirements expected of graduates. This medical-based educational model covers five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and professional health and well-being (NATA, 2020, Education Overview section, para. 2). Consequently, ATs who were educated prior to the 2020 Standards may not possess the equivalent clinical skill set needed to educate athletic training students under the new guidelines. This difference in educational learning has the potential to cause strife

between athletic training faculty and CPs. Indeed, researchers have identified the disparity between clinical behavior and acceptance of newer practices in several healthcare professions and labeled it the *theory–practice gap* (Abu-Saad Huijer, 2010; Akram, Mohamad, & Akram, 2018; Baxter, 2007; EL Hussein & Osuji, 2016; Fine, 1976; Jeffries et al., 2013; Streveler, 2013; Wright & Homer, 2017).

The role of a clinical preceptor (CP) needs to allow the learning style of students to "connect theory to practice" and enable the ATs to "understand the why behind what they are learning" (Weddle & Sellheim, 2009, p. 13). Unless the CP instructs educationally and clinically in the athletic training program, a theory–practice gap can occur (Carr & Drummond, 2002; Fine, 1976; Streveler, 2013). Program leaders seek clinical preceptors who can teach interpersonal skills, nurture the development of clinical skills, and recognize patients' affective behaviors (Mokris, 2012). The 2020 Standards require athletic training faculty to demonstrate effective communication with CPs regarding curricular and clinical educational requirements to promote a positive learning environment (CAATE, 2020).

Clinical education occurs in various settings, such as high schools, university athletic training facilities, physical therapy clinics, and physician's offices, all of which can help students develop critical thinking skills applicable to real-life skill acquisition (CAATE, 2020). The students begin by learning prevention and wellness, emergent care, entry-level evaluation, and treatment of athletic injuries (CAATE, 2020; NATA, 2020). The skills learned in class are professionalism, orthopedic evaluations, and rehabilitation content. These skills are reinforced during clinical education with their CPs (CAATE, 2020). Bedside manner, communication, and patient education play a critical role in developing autonomous healthcare practitioners who then enter the workforce (Mokris, 2012).

Thus, the working relationship between the athletic training faculty and CPs should demonstrate good communication and interpersonal working relationships to bridge the gap between educational content and application of knowledge (Meier, 2017). Athletic training students spend approximately 1,200 clinical hours over two years, 5 to 6 days a week in clinical education under the guidance of a clinical preceptor who is a certified athletic trainer or physician (CAATE, 2020). Standard 10 from the updated 2020 Standards states that students must fulfill all athletic training clinical experience requirements; further, Standards 56 through 94 regarding curricular content in the professional program, as well as all athletic training clinical experiences, must occur throughout the professional phase of the program (CAATE, 2020, 2020 Standards section, p. 2). This mandate highlights the need for good communication among clinical education sites, clinical preceptors, and academic program personnel (Meier, 2017). This dissertation focused on the impact of the 2020 Standards on the working relationships between academic faculty and clinical preceptors in an athletic training program.

Statement of the Problem

Athletic training degree programs require clinical education experience as a component of the athletic training program (CAATE, 2020). This requirement creates an essential need to find clinical preceptors (CPs) to teach students according to the 2020 Standards set forth by the CAATE (CAATE, 2020). CPs educated prior to 2018 may not be proficient in the additional skills required by the 2020 Standards. The disparity in athletic training educational knowledge reveals a theory–practice gap between athletic training students and CPs working in the field (Streveler, 2013). Teaching clinical skills requires a CP to continue with professional development on these new techniques. These changes make it imperative for athletic training

faculty to communicate with CPs on educational content and clinical skills to promote student learning at the clinical education site (Meier, 2017).

Providing clinical experiences at institutions with on-campus athletic training programs requires collaboration between academics and athletics. "Anecdotal discussion of this issue was overwhelmingly supportive of the idea that an educational program in which the clinical and classroom instructors do not work together must have a negative effect on the education of the student" (Carr & Drummond, 2002, p. 182). Carr and Drummond addressed the importance of good working relationships and communication between faculty and CPs in a survey of clinical instructors, classroom instructors, and athletic training students. "All three groups agreed that the physical presence, cooperation, and communication between the clinical and classroom instructors have a large effect upon the education of the student" (Carr & Drummond 2002, p. 185). CPs need to understand the newer clinical skills taught to students under the 2020 Standards, along with opportunities for education on these additional techniques.

CAATE 2020 Standard 32 states, "Regular and ongoing communication occurs between the program and each preceptor. This communication includes the program framework, student needs, and assessment procedures" (CAATE, 2020, Guide to 2020 Standards section). Athletic training programs are required to evaluate clinical sites annually and must describe how ongoing communication occurs (CAATE, 2020, Guide to 2020 Standards section). Standard 39 addresses the role of the clinical coordinator's position, which is to oversee clinical education and demonstrate contemporary expertise in athletic training (CAATE, 2020, Guide to 2020 Standards section). In addition, the clinical coordinator in the athletic training program must address Standard 40 to oversee athletic training clinical experiences, create regular communication with CPs, and provide professional development of CP, along with CP selection and evaluation

(CAATE, 2020, Guide to 2020 Standards section). Clinical athletic trainers need to receive education on preceptorship from academic faculty to improve understanding of program standards and positive student teaching (Nottingham, Barrett, Mazerolle, & Eason, 2016). Fine (1976) found that a symbiotic relationship between educators and preceptorship led to increased student learning and improved patient care, helping substantiate the need for good working relationships between faculty and clinicians. Previous researchers have found a benefit to linking clinical instructors and academic instructors to enhance student learning (Carr & Drummond, 2002; Mokris, 2012). However, notwithstanding the importance of this clinical experience, a gap in knowledge currently exists about the working relationships between academic athletic training faculty and clinical athletic trainers and their influence on an athletic training program.

Purpose of the Study

As of January 2020, approximately 360 CAATE-accredited programs offered bachelor's or master's degrees in athletic training, the vast majority of which used athletic programs as a main site for clinical education (NATA, 2020). The clinical athletic trainers at university athletic training programs serve an essential role in educating and bridging the gap between theory and practice. Researchers have found "the physical presence, communication, and cooperation of all educators, both in the classroom and in the clinical setting, are crucial to the overall success of the program" (Meier, 2017, p. 69). For example, in 2008, a nursing advisory board was launched to investigate the gap between nursing education and the needs and expectations of employers hiring new graduates; the board found deficiencies in several areas (Jeffries et al., 2013). The board members found new graduates lacked "practice readiness" in several areas, including clinical knowledge, technical skills, critical thinking, communication, professionalism, and

management of responsibilities (Jeffries et al., 2013). The previously mentioned researchers discussed students' educational bases and ways to improve on foundational knowledge with clinical experience for student learning and thereby lessen the theory–practice gap (Baxter, 2007; Streveler, 2013). Collaboration is important and relies on the relationships built between the two departments to deliver proficient healthcare education (Carr & Drummond, 2002). The purpose of this study was to identify attitudes and perceptions of the working relationships between athletic training faculty and clinical athletic trainers at CAATE-accredited institutions to understand the theory–practice gap in athletic training programs.

Research Question

This study's research question was: What are the attitudes and perceptions of working relationships between a select sample of faculty and clinical athletic trainers in CAATE-accredited athletic training programs?

Theoretical Framework

The theoretical framework of this qualitative study was based on the theory of the theory–practice gap. A *theory–practice gap* is a term used to describe the difference between foundational knowledge and the application of that knowledge in real-world experiences (Streveler, 2013). In other words, "the theory–practice gap can be defined as the discrepancy between what students acquire through theoretical classroom lectures and what they experience in the clinical setting" (EL Hussein & Osuji, 2016, p. 20). Healthcare academics have researched the phenomenon of a theory–practice gap and found it can lead to the divergence of educational knowledge and clinical education (Abu-Saad Huijer, 2010; Akram, Mohamad, & Akram, 2018; Baxter, 2007; EL Hussein & Osuji, 2016; Fine, 1976; Jeffries et al., 2013; Streveler, 2013; Wright & Homer, 2017). Based on previous research, the theory of the theory–

practice gap served as the foundation for this study of the relationship between academic faculty and CPs with the aim of enhancing communication and delivery of congruent educational knowledge alongside the clinical application of skills (Akram, Mohamad, & Akram, 2018; Baxter, 2007; EL Hussein & Osuji, 2016; Fine, 1976; Strevler, 2013; Wright & Homer, 2017).

Assumption, Limitations, and Scope

Assumptions and limitations were present in this study. First, the researcher assumed all participants were honest and truthful in the interview process. Limitations included the possibility of researcher bias because of the researcher's position as a clinical coordinator at a CAATE-accredited athletic training university, which could affect the credibility, transferability, and dependability of the findings. "Bias is defined as any tendency which prevents unprejudiced consideration of a question" (Pannucci & Wilkins, 2010, p. 619). Bias can occur in research design, data collection, and data analysis (Pannucci & Wilkins, 2010). In addition, interviewer bias stemming from a lack of standardized interaction between the interviewer and participant can affect the results (Pannucci & Wilkins, 2010). To mitigate potential limitations, the researcher sought to be objective in tone of voice and questioning to avoid making inferences.

A limitation was the inability to get a pair of faculty and CP from the same institution. To accurately assess the question of working relationships, coworkers from the same institution were needed to obtain an accurate picture of the relationship. Participants interviewed who were not at the same institution as faculty, produced findings, but may not be as directly representative of working relationships. Another limitation was using smaller institutions with student enrollment of 5,000 or less. These institutions, by proxy of their size, have less faculty, clinical ATs, and access to fewer resources.

Rationale and Significance

Athletic training programs are changing the educational degree requirements from a bachelor's degree to a two-year, professional master's program based on the CAATE 2020 Standards (CAATE, 2020). The 2020 Standards require athletic training students to learn skills not previously taught in athletic training programs. Clinical athletic trainers may not be able to accurately assess or educate the athletic training student unless they have obtained further professional development to acquire the additional techniques. The working relationship between a university's clinical athletic trainers and athletic training faculty may be important in showing unity, cooperation, and adhesion to best practices for the profession (Carr & Drummond, 2002).

Collaboration could prevent a theory–practice gap; specifically, collaboration between the academic faculty and the clinical athletic trainers could provide congruency for student learning within the didactic and clinical education component of the educational process (Carr & Drummond, 2002). Currently, few researchers have explored the impact of these interpersonal relationships. Further, little research has focused on the effects of the theory–practice gap on learning in the athletic training profession. This study was intended to explore the working relationships between the academic and clinical components of the athletic training profession and provide insights into how these relationships affect student learning.

Definitions of Terms

In this dissertation several definitions were relevant in this research study.

Clinical preceptor (CP). A CP is a certified athletic trainer or clinical athletic trainer who oversees athletic training students' clinical educational experiences (CAATE, 2020).

Commission on Accreditation of Athletic Training Education (CAATE). This accrediting body oversees athletic training curricular programs (CAATE, 2020).

Joint appointment athletic trainer. This term refers to an athletic trainer who works clinically and teaches in an athletic training program.

Pure athletic training faculty. These athletic trainers instruct only in accredited athletic training programs and do not practice clinically.

Working relationships. This term refers to the physical presence, cooperation, and communication between clinical and classroom instructors (Carr & Drummond, 2002).

Conclusion

This study assessed the working relationships between athletic training faculty and clinical preceptors in CAATE-accredited institutions. The theory–practice gap was used to investigate working relationships and explore the potential implications on student learning. Program leaders strive for "the ability for the athletic training student to recognize situations that require empathy, the development of trust, and the importance of interpersonal relationships requires the clinical instructor to understand the benefits and importance of affective behaviors" (Mokris, 2012, p. 2). Athletic training education must include a didactic and clinical component for student learning to occur and therefore requires both faculty and clinical athletic trainers to deliver this education (CAATE, 2020). The next chapter provides a discussion of literature regarding healthcare and educational programs, as well as themes that emerged from the literature review.

CHAPTER TWO: REVIEW OF THE LITERATURE

In this literature review, the researcher presents theoretical frameworks and research studies that have addressed the working relationships of clinical and academic athletic trainers. The field of athletic training uses clinical preceptors (CPs) to teach students hands-on experiences with regard to treating patients; in contrast, academic athletic trainers (ATs) teach foundational knowledge (CAATE, 2020). The use of CPs is a common practice in healthcare majors such as occupational therapy, nursing, and physical therapy (Abu-Saad Huijer, 2010; Fine, 1976; Jeffries et al., 2013, Streveler, 2013). Researchers have reviewed other healthcare fields to investigate the relationships and attitudes between clinical and academic professionals associated with university programs (Abu-Saad Huijer, 2010; Fine, 1976; Jeffries et al., 2013, Streveler, 2013). This review includes literature that applies to working relationships between clinical and academic athletic trainers in a Commission on Accreditation of Athletic Training Education (CAATE)-accredited athletic training program.

The literature exploration shows most healthcare professions need a connection between the academic and clinical setting for positive student learning (Abu-Saad Huijer, 2010; Fine, 1976; Jeffries et al., 2013). Themes identified during the research process were (a) clinical preceptorship, (b) joint appointments and working relationships between two different departments, (c) theory–practice gap, and (d) collaboration and perceptions of educational programs (Abu-Saad Huijer, 2010; Fine, 1976; Jeffries et al., 2013; Streveler, 2013). Both didactic and clinical coursework are present in athletic training education; thus, it is important to

review them both for best practices and assessment (CAATE, 2020). A review of the literature provides an understanding of the four themes. Most of the research was found in nursing.

Organization

To conduct this literature review, the researcher used multiple sources, including PubMed, *Journal of Athletic Training*, EBSCO Host, *Journal of Professional Nursing*, NCBI, and textbooks. The researcher evaluated qualitative and mixed methods approaches. Prominent themes found in the literature are highlighted throughout this chapter. Keywords used for researching articles included *athletic training, clinical educators, joint appointments, theory–practice gap, academics,* and *clinical skills*. This section begins with the theoretical framework, followed by views of the profession of athletic training. Topics include clinical preceptors, joint appointments, working relationships, theory–practice gaps in athletic training, and healthcare. This funnel approach facilitated a natural progression of literature, starting with institutions and moving to an examination of the healthcare professions and theories that affect working relationships.

Theoretical Framework

Researchers have used the theory–practice gap to explain the disconnect between didactic educational content and clinical application of skills (Baxter, 2007). Often applied to healthcare, theory–practice gaps have been identified for professionals such as physicians, athletic training students, and especially nurses. "The gap between nursing theory and practice is broadly documented and discussed in the literature, that can be defined as the inconsistency between what student nurses acquire through theoretical classroom lectures and what they experience in the clinical setting" (Akram, Mohamad, & Akram, 2018, p. 1). This gap addresses the

contribution between clinical preceptors and students' learning (Akram, Mohamad, & Akram, 2018; Baxter, 2007; Strevler, 2013).

A good clinical experience entails a positive learning environment and role modeling of professional behavior by a CP (Akram, Mohamad, & Akram, 2018; Mokris, 2012). Risjord (2010) claimed the theory–practice gap appears when theory is not translated into action. Streveler (2013) defined the theory related to athletic training as "the lack of congruence between the theory that is taught in the classroom and the practice that students see and engage in during their clinical placements" (Streveler, 2013, p. 18). Researchers developed methods to reduce the theory–practice gap, such as problem-based learning; communication, collaboration, application, reflection, and evaluation (CCARE); and patient situation, application of theory, level of difficulty applying the theory, patient outcomes/feedback (PALPATE) (Baxter, 2007; Gilliland, 2015). In addition, several authors discussed the idea of joint appointments to keep uniformity in clinical education, wherein academic educators are also clinical preceptors (Baxter, 2009; Carr & Drummond, 2002; Fine, 1976; Streveler, 2013). Another avenue researched was to use educators as mentors for clinical preceptorships, which increased student learning. For example, Mazzerole, Bowman, and Dodge (2014) found mentorship aided congruence between an educational program and clinical education (Mazzerole et al., 2014). The requirement for students to incorporate foundational knowledge along with clinical rotations for hands-on practice made the theory of the theory–practice gap applicable to this study.

Athletic Training

Growth in membership is evident in the continued progression of the athletic training profession, to more than 50,000 people in the National Athletic Trainers Association since the 1970s (Palmieri-Smith, 2018; Weidner & Henning, 2002). Members of the profession began the

discussion to change the degree requirement from a bachelor's degree to a master's degree in 2013, and all institutions will institute this change by 2022 (CAATE, 2020; NATA, 2020; Palmieri-Smith, 2018). This degree change will better reflect clinical practice and interprofessional education and better equip students with skills and knowledge for the athletic training health profession (Palmieri-Smith, 2018). As the field of athletic training continues to gain recognition, it has also increased collaboration among different agencies, such as the National Athletic Trainers Association–Research and Education Foundation (NATA-REF), which focuses on research in the field of athletic training and advancement of the profession (Palmieri-Smith, 2018). The NATA-REF provides research grants to athletic training students and professionals to continue the search for evidence-based practice and support educational outcomes (Palmieri-Smith, 2018). Further, the NATA established the Youth Sport Safety Alliance (YSSA) to promote safe play, injury prevention, and health and wellness among youth athletes (Palmieri-Smith, 2018). The YSSA has over 290 members and hosts seven summits for educational programming for crisis managers, legislators, and journalists to promote youth injury prevention while highlighting athletic trainers and the profession (Palmieri-Smith, 2018). NATA has joined with several organizations, including the American Orthopaedic Society for Sports Medicine (AOSSM), American Medical Society for Sports Medicine (AMSSM), and the Sports Physical Therapy Section (SPTS), which produces a journal called *Sports Health: A Multidisciplinary Approach* providing multidisciplinary research to promote collaboration and knowledge (Palmieri-Smith, 2018). These organizations use research and collaborations to advance the field of athletic training while increasing recognition as an allied healthcare profession (NATA, 2020).

The Strategic Alliance Research Agenda Task Force performed a mixed-methods study to identify research precedence related to patient care and advancement in the athletic training profession (Eberman et al., 2019). Eberman et al. discovered a lack of research in the areas of healthcare competencies, athletic training education, technology, and economics. In addition, the study showed a need for research collaboration in clinical healthcare (Eberman et al., 2019). Athletic trainers should continue using evidence-based research for clinical practice to improve patient outcomes (Eberman et al., 2019). Therefore, athletic trainers need to continue research in these areas to improve patient outcomes and advance the profession (Eberman et al., 2019).

Since 1994, access to athletic trainers has grown to 70% in public secondary schools and 58% in private secondary schools employing athletic trainers (Pike, Eason, Stearns, Tosakoon, & Casa, 2019). Yet, the athletic training profession has struggled for recognition and understanding of the job position. Using a cross-sectional study, researchers assessed legislators' perceptions and knowledge of the athletic training profession concerning qualifications and job responsibilities (Pike et al., 2019). Legislators have a limited understanding of the athletic training profession (Pike et al., 2019). In particular, legislators did not recognize several important elements, including injury prevention, the definition of an athletic trainer, and the educational standards needed to obtain an athletic training degree (Pike et al., 2019). However, legislators who knew of the athletic training profession and recognized its responsibilities placed a higher value on the profession (Pike et al., 2019). The conclusion was that increasing legislators' knowledge could enhance the value of the athletic training profession and improve the health and safety of secondary school athletes (Pike et al., 2019). This conclusion leads to the next theme of clinical preceptorship and its relation to standards in athletic training education.

Clinical Preceptorship

Mazzerole et al. (2014) researched the role of a clinical preceptor (CP) in educational programs. The researcher found role development and socialization of CPs occurs through both informal and formal processes (Mazzerole et al., 2014). Formal processes include workshops, professional development, and previous teaching experiences that affected the preceptor role (Mazerolle et al., 2014). Useful resources for preceptor development are constructive student feedback, formal preceptor training, and mentorship from other preceptors (Mazerolle et al., 2014). In addition, formal processes encompass preceptor training or preceptor development in educational procedures that help with CP role development. In contrast, informal processes include personal experiences, previous role models, and self-reflection that guides or develops athletic trainers' clinical preceptor role (Mazerolle et al., 2014). Similarly, Laurent and Weidner (2001) noted the importance of sharing information, communication, and training between educational and clinical sites for the best student and patient outcomes.

Clinical Preceptor in Education

Clinical preceptors (CPs) in the healthcare professions play a significant role in student learning, application of clinical skills, professionalism, and interprofessional development (CAATE, 2020; Meir, 2017; Nottingham et al., 2016). The foundational behaviors and values demonstrated by a CP teach athletic training students how to practice ethically when dilemmas arise (Rosauer, 2014). Athletic training students spend significant hours at their clinical rotations; an effective, confident, communicative preceptor can enhance students' learning experiences (Mokris, 2012; NATA, 2020). In fact, a CP often takes on the role of mentor for athletic training students.

Nottingham et al. (2016) found that younger clinical preceptors viewed mentoring in clinical preceptorships favorably. The preceptors in that study wanted to increase their preceptor skills if the person they were learning from was trustworthy, committed, and effective (Nottingham et al., 2016). Matching experienced preceptors with new preceptors works well (Nottingham et al., 2016). For example, clinical preceptors in Commission of Accreditation on Athletic Training Education (CAATE) accredited programs can serve as mentors and match preceptors with newer ones to emulate. Learning by watching proper practices and receiving training about the educational needs of students seems the best combination for producing effective clinical preceptors (Nottingham et al., 2016). However, the need remains for educators and practitioners to work jointly or collaboratively between educational programs and clinical sites (Nottingham et al., 2016). New preceptors who work in settings by themselves have little opportunity to imitate positive preceptor traits from other athletic trainers; however, building strong relationships with educational program leaders can support preceptor development (Nottingham et al., 2016).

Clinical Preceptor in Athletic Training

New preceptors might tend to imitate behaviors learned from poor or unprofessional mentors, thus continuing these detrimental practices. Conversely, pairing experienced preceptors with new preceptors was well received by both mentors and mentees (Nottingham et al., 2016). Nottingham et al. found mentoring, ongoing personal development, and connecting with other preceptors were positive experiences. Watching others practicing or being mentored to become a preceptor helps new athletic training preceptors effectively teach theory and hands-on skills (Nottingham et al., 2016). Most often, preceptors mirror their previous relationships with their CPs in college (Nottingham et al., 2016).

Mazerolle and Eason (2018) studied organizational climate and athletic trainers' work-life balance. The findings showed that a family-friendly climate, supervisor support, congeniality with coaches and staff, and work autonomy had positive impacts on the practicing athletic trainers and their perceptions of work-life balance (Mazerolle & Eason, 2018). The positive organizational climate empowered athletic trainers to be communicative and educational (Mazerolle & Eason, 2018). Athletic trainers who were overworked and lacking work-life balance received negative ratings from students regarding the trainers' educational experience and patient care (Mazerolle & Eason, 2018). Thus, organizational climate and trainer satisfaction can breed either negativity or positivity, affecting everyone in the athletic training facility. Researchers should further investigate organizational climate and collaboration with other departments to assess if positivity produces better clinical outcomes.

Joint Appointments and Working Relationships

Joint Appointments

Joint appointment is a term used to represent a person working both clinically and academically in a healthcare setting (Fine, 1976). "Joint appointments are described in the literature as inherently collaborative. Success in collaboration requires mutual respect, sharing, trust, communication, and an environment conducive to working in harmony" (Ogilvie et al., 2004, p. 111). Several researchers have studied the relationships between two departments or two institutions in terms of the best combination of theory and clinical practice (Abu-Saad Huijer, 2010; Fine, 1976; Ogilvie, 2004; Rundio & Warner, 1992). Positive relationships between two departments provided a good environment for student learning (Abu-Saad Huijer, 2010; Fine, 1976; Ogilvie, 2004; Rundio & Warner, 1992).

Joint appointments were first used in the 1960s, based on collaborative models encompassing five common goals: (a) improving care through research and clinical leadership, (b) incorporating a learning environment and opportunities, (c) promoting research, (d) increasing opportunities for interprofessional development between students and doctors, and (e) using resources cost-effectively for both education and clinical practice (Ogilvie et al., 2004, p. 111). Ogilvie et al. further noted that increased exposure to students, education, evaluations, and clinical workings of a unit, as well as shared responsibilities for the increased workload of preceptorship, were favorable for both clinical and faculty nurses (Ogilvie et al., 2004). The benefits of joint appointments and collaboration in a nursing setting were evident (Ogilvie et al., 2004).

Additionally, Ogilvie (2004) found that joint appointments between academics and clinical settings were most often the first to be dismissed in times of financial hardship, misunderstandings, or changes in circumstances in one or both institutions. This uncertainty can lead to unstable environments and failures of joint appointments. Meier (2017) stated, "Skills, behaviors, and attitudes of the clinical preceptors, along with the physical presence, cooperation, and communication of the program director, can positively enhance the learning environment of athletic training students" (p. 57).

Carr and Drummond (2002) found joint appointments (as both clinician and educator) were best for student learning. To optimize all areas of the educational process, collaboration was needed between clinical instructors and classroom instructors (Carr & Drummond, 2002). Athletic training students need exposure to the inner workings of their educational programs for a better understanding and appreciation of how theory and application tie together (Carr & Drummond, 2002). Often, when people encompass multiple roles, their attitudes and perceptions

toward student competencies are favorable, thereby enhancing students' learning (Carr & Drummond, 2002).

Working Relationships

The responsibility of educating students is shared between healthcare preceptors and academic program faculty at one institution or between two different institutions—this sharing represents a *working relationship*. Educating students to provide excellent patient care through joint appointment is achievable; researchers have found the synergistic relationship between clinical preceptorship and educating nursing students was most successful (Akram, Mohamad, & Akram, 2018; Baxter, 2007; EL Hussein & Osuji, 2016; Fine, 1976; Strevler, 2013). EL Hussein and Osuji addressed the importance of communication and collaboration between nurse practitioners and nurse educators to lessen the gap between educational knowledge and clinical practice. The joint role or collaboration between two different departments provides a bridge between two institutions, thereby optimizing efficient use of resources and demonstrating the importance of theory-to-practice application of knowledge (EL Hussein & Osuji, 2016; Rundio & Warner, 1992). This collaboration between two different settings demonstrates a positive aspect of joint appointments for the betterment of student learning.

Abu-Saad Huijer (2010) discussed combining resources, unifying partnerships, and strengthening relationships between the educational setting and the workplace. The collaborative efforts of practitioners teaching in the nursing program while also practicing at the hospital led to streamlined learning and practice of theory and application (Abu-Saad Huijer, 2010). The American Association of Colleges of Nursing identified several benefits: (a) goal setting and influence over both programs and practice; (b) increased awareness of policyholders, educators, and administrators; (c) efficiently using combined benefits and resources; (d) opportunity to stay

clinically relevant; (e) cost-effectiveness for both hospitals and schools; (f) increased observation skills; and (g) increased clinical excellence with questioning and examination (Abu-Saad Huijer, 2010). Much support exists for collaboration or joint appointments between healthcare sites and educational settings (Abu-Saad Huijer, 2010).

Theory–Practice Gap

The discrepancy between educational knowledge taught in the classroom and the experience in a clinical setting comprises the theory–practice gap (Abu-Saad Huijer, 2010; Akram, Mohamad, & Akram, 2018; Baxter, 2007; EL Hussein & Osuji, 2016; Fine, 1976; Jeffries et al., 2013; Streveler, 2013; Wright & Homer, 2017). The disconnect between academics and newer clinical techniques creates a "gap" when not translated to the working arena (Baxter, 2007). In the next section, several articles are discussed to give concrete examples of this research gap, thereby justifying the benefit of collaboration between academic and clinical sites.

Theory–Practice Gap in Healthcare

Researchers from the professions of nursing, occupational therapy, and medicine have examined the theory–practice gap and the impact on student learning (Beane et al., 2017; Botma, Van Rensburg, Heyns, & Coetzee, 2013; Welch & Dawson, 2006). These healthcare professionals have discussed strategies to minimize this gap between educational knowledge and clinical competency, including peer-based courses, collaborative learning, and evidence-based practice in clinical education (Beane et al., 2017; Botma et al., 2013; Welch & Dawson, 2006).

Ousey and Gallagher (2010) compared nursing educators and clinical nurses in terms of clinical credibility. Nursing educators were considered not clinically relevant because they were liaisons in the hospital setting and not employees of the clinical site where students learned

(Ousey & Gallagher, 2010). These nurse educators were able to teach theory and discuss skills in a hospital setting; however, the clinical mentors were the long-term advisors of students when working with patients (Ousey & Gallagher, 2010). In contrast, the clinical nurses were not expected to be as proficient at teaching theory and were not held to the same standards to which lecturers were held (Ousey & Gallagher, 2010). The clinical mentors focused on teaching patient care and demonstrating hands-on nursing skills for practice (Ousey & Gallagher, 2010). In sum, faculty and clinical instructors who possessed expertise and maintained strong partnerships and collaboration between schools and hospital settings were considered more important than were those with clinical credibility (Ousey & Gallagher, 2010).

If practitioners at the clinical sites and educational institutions have good communication and their main objective is student learning, the program will be a success (Streveler, 2013). Although most previous researchers have supported the importance of clinical experience (Jeffries, 2013; Meier, 2017; Mokris, 2012; Streveler, 2013), Ousey and Gallagher (2010) found educators did not need to work clinically to educate a student properly in their field.

Beane et al. (2017) researched the use of an Acute Care Skills Training (ACST) course to bridge the gap between theory and practice of common medical and surgical procedures. New graduates and interprofessional faculty developed the course with a pre- and posttest Likert scale to evaluate knowledge, confidence, and clinical skills (Beane et al., 2017). The course, delivered by peers, significantly improved medical students' recognition and management of surgical techniques (Beane et al., 2017). Thus, the ACST course was effective in bridging the gap between classroom knowledge and application of clinical skills (Beane et al., 2017).

Theory–Practice Gap in Athletic Training

Gililland (2015) researched the theory–practice gap in athletic training between therapeutics education and therapeutics clinical application. Specifically, the mixed-methods study used problem-based learning (PBL) to explore the gap between didactic and clinical application of therapy and treatment of athletic injuries (Gililland, 2015). This gap occurs when a breakdown happens between the didactic side and the clinical side of rehabilitation (Gililland, 2015). Quantitatively significant findings showed PBL helped increase students' knowledge and application (Gililland, 2015). Qualitatively, a theory–practice gap was found to be a major hindrance in the athletic training educational program (Gililland, 2015). Gililland (2015) noted the need for future research on the theory–practice gap in athletic training.

In the field of athletic training, the theory–practice gap has not been heavily researched; however, Streveler (2013) examined students' perceptions of a theory–practice gap in athletic training education. Suggested solutions for bridging the theory–practice gap ranged from joint appointments for the continuum of learning experiences to research projects in which both clinicians and instructors worked together on projects using reflective techniques (Streveler, 2013). Streveler investigated the idea of bridging the gap using joint appointments to collaborate on curricular planning and research.

Baxter's (2007) PALPATE technique is an applied method of reflection named for its multiple elements: patient situation, application of theory, level of difficulty applying the theory, patient outcomes and feedback, analysis of positive and negative characteristics of the theory, theory appropriateness, and evaluation of the ability to apply this theory in practice. Effective reflective techniques have included journaling or assessing patient situations and evaluating how theory applies to the clinical scenario (Baxter, 2007). Another model commonly used to bridge

the gap between clinical and academic is a clinical supervision model known as CCARE (communication, collaboration, application, reflection, and evaluation; Baxter, 2007). Baxter's research helped identify ways to bridge the gap while considering students' perceptions of the learning process.

Conclusion

Most of the researchers reviewed for this study discussed the profession of athletic training, educational standards, and clinical preceptorship within the field. The researchers discussed the theory–practice gap, acknowledging the deficits in several healthcare professions and offering ways to reduce it. Further research into the theory–practice gap in athletic training needs to be conducted to measure the impact on student learning. The literature indicated the need for support and mentorship of clinical preceptors, faculty, and students to obtain optimal learning environments. Working relationships explored in the literature addressed the need for strengthened relationships between clinical practice and academia as well as a positive work environment (Carr & Drummond, 1992; Fine, 1976; Mazerolle, 2018; Nottingham et al., 2016; Ogilvie, 2004). Further research is needed relating to CAATE-accredited athletic training programs and instruments to assess working relationships, perceptions, collaboration, and the theory–practice gap.

CHAPTER THREE: METHODOLOGY

Athletic training research has centered on clinical preceptorship and its role in clinical education in athletic training. Research in this area has focused on relationships between CPs and student athletic trainers, behaviors of students by clinical preceptors, and professional behaviors exhibited by clinical preceptors (Lauber, Toth, Leary, Martin, & Killian, 2003; Mazzerole et al., 2014; Stiltner & Kutz, 2018). "Clinical education serves as more than a complement to the classroom studies but as a way to practice and experience hands-on activities that link theory taught in the classroom to the application in the clinic" (Mokris, 2012, p. 46). This integral part of a comprehensive education relies on the collaboration between clinical sites and the academic institution.

Purpose of the Study

The purpose of this study was to identify attitudes and perceptions of the working relationships between academic and clinical athletic trainers at CAATE-accredited institutions using an interpretive phenomenological approach. The interpretive phenomenological analyst examines a "lived experience" and explores people's emotions or sense-making of the topic (Smith & Osborn, 2015). "Qualitative method is used to understand people's beliefs, experiences, attitudes, behavior, and interactions" (Pathak, Jena, & Kalra, 2013, p. 192).

Research Question and Design

The study used a qualitative interpretive phenomenological research methodology to gain insight into the working relationships between academic athletic trainers and clinical athletic trainers. This study addressed the following research question:

What are the attitudes and perceptions of working relationships between a select sample of faculty and clinical athletic trainers in CAATE-accredited athletic training programs?

To conduct this exploratory study, the researcher interviewed faculty and clinical athletic trainers at CAATE-accredited athletic training programs. The researcher asked semistructured questions to gain a deeper understanding related to perceptions of working relationships, communication, and workplace environment. This qualitative study explored measures to provide a better understanding of the research problem (Creswell, 2003).

Site Information and Population

The researcher identified colleges with a CAATE-accredited athletic training program offering bachelor's degrees or professional master's degrees. Research sites were intentionally selected to foster understanding of the research phenomenon (Creswell, 2015). Based on data from the U.S. Integrated Postsecondary Education Data System (IPEDS) and CAATE website, Pennsylvania institutions of higher education with a total student enrollment of 5,000 or less and with a CAATE-accredited athletic training program were chosen for this study (CAATE, 2020; IPEDS, 2020). Sites of this size are more generalizable to one another and have similar numbers of clinical athletic trainers. Verification of student enrollment was confirmed through the National Center for Education Statistics (NCES). CAATE's website provided a public record of all accredited athletic training programs in the country, which listed contact information for all program directors and clinical education coordinators. The researcher sought to interview four athletic training faculty and four clinical preceptors (CPs) who worked in CAATE-accredited programs. A further requirement of the faculty and clinical athletic trainers was to have worked at their institutions for a minimum of one year within the CAATE-accredited program.

Sampling Method

This study used purposeful sampling and snowballing to recruit participants. First, the researcher reviewed the public CAATE website, identified institutions in good standing with the accrediting body, and emailed invitations to the program directors and clinical education coordinators who met the enrollment and location criteria for the study. The invitation email outlined the purpose of the study and invited athletic trainers to participate (Appendix A). The researcher purposely invited clinical athletic trainers using emails found on colleges' public websites. A second follow-up request for participation in the study was sent out one week after the initial email invitation (Appendix B).

Demographic questions were asked in the interview to confirm job position, years of service, and other factors relevant to the data analysis. This demographic section was intended to rule out people who had not been acting as clinical athletic trainers or faculty members for at least a year or who did not use their institutions' athletic training facilities as a practice site. Next, the researcher reviewed all athletic trainers who consented to an interview for pairings of faculty and clinical athletic trainers who worked at the same institution. The researcher contacted the willing participants by email first, and then phoned to schedule interview sessions. All email addresses were publicly accessible and therefore did not require institutional approval; however, an IRB application for exemption from the University of New England was filed prior to data collection. Eight people participated in this study, and all interviews took place during a 3-week period.

Snowballing occurred when two participants who responded to the email invitation were not on the original list of participants solicited. Snowballing is a purposeful sampling method in which a researcher asks participants to ask other individuals to participate in a study (Creswell,

2015). These two participants worked as clinical ATs and served as CPs to a CAATE-accredited program solicited for this study. Both participants had worked with the athletic training program for more than a year and thus aligned with the IRB protocol. The study included only one true pairing of clinical and faculty ATs from the same institution. The two participants worked at the same institution but had dual roles teaching and working clinically for a CAATE-accredited athletic training program. Finally, a clinical AT who served as a CP for a CAATE-accredited athletic training program participated in the study, but the researcher was unsuccessful in recruiting a faculty AT member from that same institution.

Instrumentation and Data Collection Procedures

This interpretative phenomenological study used semistructured interviews to collect data for broader exploration. During the interviews, the researcher asked probing questions to explore participants' workplace relationships (Appendix C). Using an interview method was the best way to comprehend participants' complex social systems and explore themes through data analysis (Creswell, 2015).

The researcher set up meetings through email. During the interviews, the researcher recorded participants over the phone with an audio-recording device to document each interview, which ranged from 15 to 30 minutes in length. The researcher transcribed the recordings using Rev.com, compared the transcriptions to the recordings, and further revised the transcriptions for accuracy. The interview and demographic data were stored on a password-protected computer and encrypted with storage software. A backup data-storage device accessible only to the researcher was used to protect all participant information. After completion of the dissertation, all documents, audio recordings, and notes will be deleted from the database, and paper copies will be shredded.

Data Analysis

First, the researcher took notes on a paper copy of the interview questions during the audio recordings. Next, the researcher reviewed the transcripts against the recordings for accuracy and then manually marked and divided the transcripts into parts (Creswell, 2015). After marking up the transcripts, the researcher did a preliminary exploratory analysis of the data and documented memos, short phrases, or concepts (Creswell, 2015). Second, a coding process was employed consisting of labeling segmented data with up to 20 codes (Creswell, 2015). The researcher used the same codes for every participant and documented the text segments related to the corresponding code. After reduction and collapsing into commonalities, the researcher identified two themes and four subthemes (Creswell, 2015). A demographics chart was developed for reference to the qualitative data, and the findings are reported in a narrative format in the next chapter (Creswell, 2015).

Limitations of the Research Design

The researcher identified a few limitations of the study. First, only one true pairing of a clinical AT and academic AT occurred from the same institution. Related to this limitation was the fact that the clinical ATs interviewed did not work at the same institution as the faculty ATs, which implies the possibility of participants having different working relationships. Another limitation related to the researcher's position as a faculty athletic trainer, which may have created bias or a perception of conflict of interest in interpreting the results of this study (Creswell, 2015). However, to mitigate bias, the researcher employed reflexive journaling while coding text segments during data analysis.

Credibility

To ensure internal validity, researchers should be competent, trustworthy, and objective during the entire research process (Creswell, 2015; Patton, 1999). Thus, in this study, the researcher sought to draw generalizations objectively along with employing rigorous techniques of collecting and analyzing data (Patton, 1999).

Transferability

Transferability refers to the findings may be possible even with a small sample size because CAATE programs typically have two to three main faculty members who are always program director, clinical coordinator, and instructor. Only CAATE-accredited programs were evaluated in this study, and almost every university uses clinical athletic trainers in their athletics training programs. The descriptive data could allow other practitioners and researchers to assess whether the findings are transferable. In addition, athletic training programs are similar across the United States—most employ Board of Certification-certified athletic trainers who are held to the standards of the National Athletic Trainers Association, and most programs require clinical athletic trainers as preceptors. This similarity fosters transferability of this research study's findings to a larger demographic if all other factors are similar (Creswell, 2013). In addition, the demographic data collected could aid in relating the findings to the instrument and themes identified.

Dependability

Dependability refers to enhanced research findings if another researcher uses the same methodological approach (Creswell, 2015). For example, another researcher could repeat the semistructured questions (Creswell, 2015). Additionally, a researcher could ask an outside

person to analyze the data in an external audit and submit an evaluation of the study (Creswell, 2015; Patton, 1999).

Confirmability

Confirmability refers to the researcher reflexivity and maintaining a journal (Creswell, 2013). Reflexivity means a researcher reflects on their own biases, values, and assumptions (Creswell, 2013). Applying these techniques during data collection and analysis could decrease researcher bias (Creswell, 2013). In addition, journaling and instrument data could help the researcher focus on emergent themes in the data (Creswell, 2013. A journal and notes were recorded on each respondent and reevaluated numerous times to look for common themes expressed by all 8 respondents. Revisiting the transcripts for context and clarity was needed to understand the main concepts relayed by all the participants.

Ethical Issues

As part of maintaining the integrity of the study, the researcher clearly described the recruitment process in the email sent to participants. First, an invitation was emailed outlining the study, including the purpose of an IRB form, the problem statement, the participants who would be in the study, and the significance of the research (Appendices A, B, & D). Next, when a participant responded with contact information, the researcher emailed the informed consent form. The recipient agreed to participate by signing the informed consent form, and an interview time was scheduled. In the email, the researcher explained the intention to recruit clinical athletic trainers serving as preceptors and athletic trainers teaching in CAATE-accredited programs.

No risks were associated with participating in this study. The only possible benefit to participation was identifying traits and attitudes that affect working relationships. Further, there

was no cost associated with this research study except for participants' time during the interviews. The research materials were kept confidential, and only the researcher had access to participants' identifying information. Every effort was made to protect participant confidentiality by using password-protected, encrypted computers for data storage and pseudonyms for interview participants (e.g., Participant 1). Potential risks included loss of confidential information because of a data breach; although demographic data were collected, no such breach occurred. A backup data-storage device accessible only by the researcher was used to protect participant information. All participants were directed to consent over email and understood their right to contact the researcher or the University of New England Institutional Review Board. In addition, the participants had the opportunity to opt-out at any time. Finally, the participants were told how to submit questions and how to print a copy of the consent form (Appendix D).

Conclusion

The main purpose of this study was to assess the working relationships between athletic training faculty and clinical preceptors. The qualitative research consisted of semistructured interviews conducted with eight participants. The interview questions were designed to elicit information about workplace interactions between these two professional groups. The scope of the study was limited to a sample of eight participants. Several themes emerged from the data, discussed in the next chapter.

CHAPTER FOUR: RESULTS

The purpose of this qualitative study was to explore and identify attitudes and perceptions of the working relationships between academic and clinical athletic trainers at CAATE-accredited institutions. This study used an interpretive phenomenological approach to analyze the following research question:

> What are the attitudes and perceptions of working relationships between a select sample of faculty and clinical athletic trainers in CAATE-accredited athletic training programs?

Participants

The eight participants held several athletic training job positions in CAATE-accredited programs. Table 1 shows participants' demographic data, including length of time as a certified athletic trainer (AT), number of years they taught or were a clinical preceptor (CP), highest degree earned, job contracts, and reporting lines within an athletic training program. The researcher interviewed eight participants, consisting of three clinical ATs, two purely academic ATs, and three ATs considered to be jointly appointed with both clinical and teaching responsibilities as part of their contract. The original sample design objective was to pair clinical athletic trainers and faculty athletic trainers at the same institution. The participants were represented as follows: three were from the same institution and represented both faculty and clinical ATs at the same institution, two were CPs for the same institution, two had joint appointments and worked at the same institution, and one clinical AT was interviewed with no pairing of faculty at the same institution.

Table 1

Participant Demographics

Participant Pseudonym	Gender	Job Title	Years Certified AT Experience	Teaching or CP Experience	Highest Degree Earned	Employment Contracts	Reporting Lines
Participant 1	Male	Athletic Trainer	20	7 years as CP & teaching	Masters	Clinical AT hospital clinic setting	Hospital administrator
Participant 2	Female	CCE & Instructor of Athletic Training	13	9.5 years as CP & teaching	Masters	Purely academic	Department chair → Academic dean
Participant 3	Female	Assistant Athletic Trainer	6	5 years as CP	Masters	Clinical AT	Department chair → Academic dean
Participant 4	Male	Athletic Trainer & Adjunct Faculty Member	13.5	7 years as CP & teaching	Masters	75% clinical AT vs 25% teaching (joint appointment)	Assistant AD for student health & wellness PD/CEC for academic responsibilities
Participant 5	Male	Clinical Professor & Athletic Trainer	17	15 as CP & teaching	Doctor of Athletic Training (DAT)	Faculty contract with release time for clinical work (joint appointment)	Academic dean Director of AT services for clinical work
Participant 6	Male	Clinical Professor & Director of Athletic Training Services	18	14 years as CP & teaching	Masters	Faculty contract with release time for clinical work (joint appointment)	Academic dean Director of AT services for clinical work

(continued)

Table 1 (continued)

Participant Pseudonym	Gender	Job Title	Years Certified AT Experience	Teaching or CP Experience	Highest Degree Earned	Employment Contracts	Reporting Lines
Participant 7	Female	Secondary School Outreach AT & Part-time Instructor	6	5 years as CP or adjunct teacher	Doctor of Athletic Training (DAT)	Clinical AT for hospital Adjunct & CP for AT program (two different contracts not considered joint appointment)	Hospital administrator Department chair for teaching & CEC for clinical precepting
Participant 8	Male	PD & Instructor of Athletic Training	14	11 years as CP & teacher	Masters	Purely Academic	Department chair → Academic dean

Note. PD = Program Director; CCE = Coordinator of Clinical Education; AT = Athletic Trainer; CP = Clinical Preceptor AD = Athletic Director.

Five AT participants worked at two different institutions. Snowball sampling occurred with two of the participants in which the coordinator of clinical education (CCE) or program director (PD) forwarded the invitation email to a CP for their program. Two of the participants were off-campus CPs not employed by the same institution as the faculty ATs. Based on criteria listed, these participants were CPs for a CAATE-accredited athletic training program and provided rich data on working relationships.

Two to three interviews per week took place over three weeks in the early spring of the 2020 academic year. Each participant was willing to answer all the questions without hesitation. In fact, the participants were eager to be interviewed and spoke candidly about their work environment, job positions, and relationships with colleagues.

Analysis Method

The interviews were audio-recorded, transcribed by Rev.com, reviewed for accuracy by the researcher, and coded for theme deduction. Purposeful sampling was used to identify institutions of total student enrollment of 5,000 or less with CAATE-accredited athletic training programs. The researcher analyzed the eight transcribed interviews several times, highlighting text segments for coding and themes (Creswell, 2015). The researcher identified codes for each interview and wrote in-text segments and quotes related to each one. Segments identified led to 10 different codes, which led to two major themes and four subthemes.

Results

Creswell (2015) recommended identifying 20 codes; the researcher found 10 codes common to all participants. First the presentation of 6 themes was considered but with further analysis the results could fit into two major themes. Out of the original themes 4 subthemes were able to relate to the two major themes. Table 2 illustrates the process of coding patterns and emergent themes. The themes and subthemes discussed in this study will overlap because of the interconnected nature of human interactions relying on communication. Communication and support cover large areas of consideration when looking at the codes. Almost all the codes and themes are relatable when dealing with human interactions.

Communication and support were the two major themes relayed by the participants as important. The communication styles mentioned most often by the participants were weekly meetings, emails, discussions, or daily interactions in workplace relationships. Participant 2, Participant 4, and Participant 8 worked at the same institution and had the most frequent interactions. Participants 3, 4, 5, and 6 held both clinical and academic roles and referred to bridging educational knowledge with clinical practice for the athletic training students.

Table 2

Themes and Subthemes

Themes & Subthemes	Codes
Theme 1: Communication	Collaboration Communication Clinical preceptorship
Subtheme 1: Communication around Standards	Communication Resistance to change Clinical preceptorship
Theme 2: Support	Feedback Valued or respected Communication
Subtheme 2: Job position	Valued or respected Experience Attitude Working relationship
Subtheme 3: Positive working relationships	Working relationship Environment/culture Resistance to change Clinical preceptorship Attitude
Subtheme 4: Value	Attitude Clinical preceptorship Working relationship

Theme 1: Communication

All eight participants stated communication occurred between faculty and clinical ATs a minimum of once a month. Seven of the participants communicated with faculty ATs or clinical ATs once a week about student learning, education, and clinical needs. Participant 1 spoke with his faculty once a month; the other participants mentioned communicating more frequently. Participants 2, 4, and 8, who worked at the same institution, were located in the same building. This proximity between the athletic training facility and academic classrooms made daily

communication possible. Communication occurred through conversations, emails, phone, and meetings. Participant 4 stated, "There are nine of us that serve as preceptors on campus here, and we see them daily." Participant 8 said, "I see them [CPs] probably three or four times a week and have communication with them probably most [of] the five days a week."

Two of the participants worked at off-campus locations but served as CPs for an athletic training program. Participant 7 worked as an outreach AT for a high school and was a CP for a local athletic training program; she received weekly emails from the coordinator of clinical education (CCE) about the students' educational progress. Participant 7 stated, "We also get weekly emails from the clinical coordinator that says, 'this is what we're learning in class, this week,' and this lines up with the competencies." This frequent communication to an off-campus clinical AT informed her about student needs when she oversaw their students. Participants 1 and 7 appreciated the direction and clarity of expectations provided by the CCE for student learning. Timely and frequent communication was a common idea expressed by all participants. Off-campus ATs considered communication once a month or weekly as timely and sufficient. On-campus ATs who worked with the athletic training program described communicating more frequently, such as holding daily to weekly conversations or meetings to address workplace issues and student learning.

Subtheme 1: Communication regarding 2020 Standards. All the participants said the 2020 Standards created a knowledge gap. All eight participants mentioned they or other AT colleagues had felt a resistance, hesitancy, or uneasiness about the 2020 Standards. A concern about learning content not previously taught was discussed. All respondents mentioned a need for increased communication about the standards and learning opportunities. This finding relates to the theory–practice gap discussed further in Chapter 5.

The common theme expressed by all participants was that the 2020 Standards and degree change was going to create challenges in educating the athletic training students. All participants reported being concerned about the additional skills required of an AT and the knowledge gap among ATs certified before 2018. The commonality among all the participants was a sense of resistance or "strong feelings" from ATs about these newer skills.

All the participants noted the challenges the new standards presented, but with a sense of optimism in knowing they would adapt. The degree changes would present a challenge for everyone involved with a CAATE-accredited program, but six participants stated they liked the challenge and viewed it positively. Participant 5 noted, "You know, challenges, I think, motivate everybody, they particularly motivate me. I'm feeling up to the task.. . . I'm supremely optimistic that we can have a great program here and continue to do so. So, I'm good to go." This is an example of a positive attitude at work. All the participants were aware of the 2020 Standards and believed more communication and training would be needed to address these changes. The faculty ATs wanted to increase communication to all CPs and host workshops or professional learning opportunities for those ATs who were not trained in the 2020 Standard skills.

All participants reported a "gap" with the new skills described in the 2020 Standards and currently working ATs' knowledge base. All expressed concern about how ATs trained before 2018 would learn these new skills and how they would fit into an athletic training program. Participant 2 asked her department chair, "How about older athletic trainers—are we going to be taught these new things to meet the new standards? How are we going to make these changes so I'm up to par with the students?" Participant 4 was required to teach the 2020 Standards and had to be trained by an emergency medical technician (EMT) to learn the skill of using airway

adjuncts. Participant 4 repeatedly noted, “I’ve never been taught that and yet I got to teach these kids this?” In addition, he was concerned that the new standards could push out experienced ATs who were not willing to change or learn the new skills. All participants except Participant 1 were concerned about the gap between what they had learned in school versus the new skills on which students would be evaluated. Every participant mentioned a need for increased communication with the athletic training program regarding how the ATs would learn or evaluate the athletic training students on the new skills required under the 2020 Standards.

Theme 2: Support

All the CPs expressed the sentiment that every job has challenges, but they “love their job” and enjoyed their place of employment. Seven of the participants used the term “supported,” and the remaining participant used the phrase “valued and positive” to describe his or her work environment, employer, and working relationships. The respondents all felt they had administrative support. The six participants who worked at universities felt supported by administrators, coaches, athletes, or colleagues. Participants 1 and 7 described a good environment and working relationships with hospital administrators and physicians. Participants 1 and 7 worked clinically through a hospital, and both stressed that support was necessary to continue obtaining professional development by the administration.

All participants described receiving support from their institutions, hospitals, supervisors, or colleagues. Participant 7 stated, “The hospital I work for is actually, like, incredibly supportive.” She was at a clinical site by herself but had regular communication with her colleagues and spoke with her direct supervisor regularly. The supervisor’s key phrase was ”whatever you need.” Participant 7 had full support from administrators to focus on clinical excellence.

The purely faculty ATs in the sample received support from administrators and colleagues and felt the department was "focused and happy." Participant 2 noted some seasoned faculty members were discouraged in some respects and burned out but overall felt it was a positive environment. Participant 2 stated, "I can honestly say, the entire department gets along very well, and we work well together." Participant 4, who worked with Participant 2, noted a positive overall work environment with normal daily challenges, but everyone appeared to like their jobs. Most of the staff, including the faculty, were alumni of the institution, and thus understood it and felt like it was "home." Participant 4 stated he liked his job very much and was not looking to go anywhere else. This participant mentioned the normal workplace annoyances but enjoyed his colleagues and environment.

Participants 1 and 7 both expressed feeling supported and enjoyed their environments. Participants 5 and 6, who worked together, expressed the challenges of daily work life but said they "get after it" and "love teaching clinically," respectively. Their institution was in the midst of changing over from a bachelor's to master's degree in the athletic training degree program and aligning to the 2020 Standards. This change had caused strife and worry among the staff; however, they remained optimistic with the new changes.

Subtheme 2: Job position. Participants 1 and 7 were hospital-based employees who acted as off-campus CPs for an athletic training program and felt their job positions provided a niche or important role in athletic training students' clinical education. They both described specific skill sets uncommon in the field that benefited an athletic training program. Participant 7 received a doctorate in athletic training and took classes in education; she said as an educator, she should show vulnerability, highlight ways to improve, and hold others and herself accountable. Participant 1 discussed being "pretty diverse and [having] different areas I've

worked in, different populations and different settings, so I think people appreciate it." The varied athletic training experiences of Participant 1, including working in a nontraditional setting for an AT position, was unique and important for an athletic training student to experience.

Three of the participants had dual roles wherein they taught and worked clinically as CPs within their athletic training programs. Participants 5 and 6 worked at one institution and had joint appointments. These two participants mentioned topics such as feeling valued and clinical preceptorship. Participant 5 stated,

> My perception is that we provide a pretty high value. . . . As we kind of work through being good preceptors, I think that often times, in academic programs right now, hopefully it'll change, that precepting is just kind of taken for granted, and there hasn't been a lot of support offered on how to be really good preceptors, not a lot of support offered as far as what is the value of a preceptor, and you know, what kind of expectation should I have for students when they come to me already. . . . I kind of have the best of both worlds because I teach them in the classroom, so I know what to expect from them when they go [to clinical].

Participant 5 mentioned that off-campus preceptors who were not supported by the athletic training program might not fully appreciate students' educational objectives. Appropriate training by academic AT faculty was needed to address students' learning objectives. Participants 5 and 6 both believed CPs needed to be valued and their importance to the program demonstrated. Participant 6 stated he knew his value as a preceptor and the vital importance of clinical education.

Losing connection with the clinical setting could cause faculty to lose touch with what was happening in an athletic training facility. Participant 6 noted the sentiment of dual role ATs

was that students need to see all "stakeholders" involved in both clinical work and academics. Participant 6 posed these questions while pondering the question asked: "Is it important for them [students] to see that their preceptors are also their teacher in class? That their CEC and PD are doing hands-on clinical stuff and seeing student interact?" Three of the participants believed there should be some clinical practice by faculty ATs.

Participants 2 and 8 were purely AT faculty members with no clinical responsibilities but were located in the building where the on-campus CPs worked. This proximity and use of the CPs to adjunct in the athletic training program helped develop a close working relationship between the two departments. Participant 3 worked as a clinical AT, had an academic contract, and worked alongside other faculty ATs with dual responsibilities to work clinically and teach. This interconnectedness in job positions at Participant 3's workplace fostered feelings of support and helped create a positive working relationship with the faculty ATs.

Subtheme 3: Positive working relationships. Every participant reported positive working relationships. The strictly clinical ATs felt supported by their coworkers and faculty ATs. Participant 3 stated, "Yes, 100% I have a very good relationship with my co-workers and other athletic training faculty. I feel they are very, um, understanding of the work-life balance problem that is going on in the profession." She felt so supported she was not looking to work anywhere else. Participant 1 felt supported by both his coworkers and doctor. He enjoyed the job setting and stated, "So, I have a pretty good relationship with them [ATs] and the doctors I work with because I'm kind of the contact liaison person for the schools. The practice manager appreciates it." He reported appreciation from coworkers and a positive relationship.

Participants 2, 4 and 8 worked at the same institution and represented the only true pairing of a faculty AT and clinical AT in the sample. All three participants stated they had a

good working relationship with their coworkers. Participants 4 and 8 stated the same concept about learning and growing together while going through change at work. Participant 4 stated,

> Since we're similar in age, I think that kind of helps us bond, and I think we're closer than other staff where sometimes if you have a younger staff versus an older staff you can get . . . a generational gap. We're learning together, we're learning in our own way at our own pace based off us being close, and I think that helps for being close outside of work. . . . it's nice that we can support each other because we're all about the same age.

One participant expressed the sentiment that coworkers who were close outside of work and about the same age were able to communicate and learn together. Participants 2 and 8 were married to each other and had a good working relationship with each other and their coworkers. All three participants mentioned "incredibly positive" relationships and a collaborative approach to daily work life. Participant 8 stated, "We tend to foster…a more collaborative type approach and . . . focus on the strengths of preceptors . . . introducing different ideas." In terms of communication with coworkers and the coming degree change, Participant 8 mentioned the same concept as the clinical AT he worked with: "I'm thinking that in many cases it'll [communication] actually improve that because we're all kind of coming from a situation where we're all kind of having to learn some of this stuff together." Increasing communication and being "on the same page" was important for the faculty at this institution, and this idea was echoed by the clinical AT.

Participants 5 and 6 with dual appointments mentioned similar coworker issues but said they felt supported by one another. They discussed the good working relationships. They communicated often in once-a-week staff meetings and weekly faculty meetings and worked as a team. One of the participants mentioned feeling more supported or having a better relationship

with faculty who had a dual role compared to faculty who only taught with no clinical responsibilities. No participant discussed negative working relationships; all spoke positively about coworkers except for the normal workplace annoyances.

The researcher asked the participants about a time they had received feedback and how they handled it. All participants appreciated, valued, and wanted feedback, whether it was positive or negative. Two participants mentioned not getting timely feedback from evaluations but said that problem had been resolved through a personnel change. Every participant appreciated the evaluations; all expressed wanting to change and improve to become better faculty, clinical ATs, and clinical preceptors.

Subtheme 4: Value. All the participants responded positively to the value interview question. The respondents felt their opinions as faculty ATs or CPs in the athletic training program were valuable. The participants expressed feeling valued in different ways—for example, for providing a specific niche or for being asked to contribute to the athletic training program. Participant 1 who worked for an orthopedic doctor in a hospital-based clinic setting provided a valuable opportunity for athletic training students to observe a clinic setting. All the participants described feeling valued by instances such as being asked to teach adjunct, guest-lecture, or regularly teach in the athletic training program.

The participants referenced the idea of CPs not having enough clarity or expectations about what was needed to be good clinical preceptors. These CPs provided a bulk of the clinical education, summed up by Participant 8, who stated, "We know that our program is really only ever going to be as strong as our preceptors are going to be." Participant 8 worked as purely faculty but valued the clinical staff and had an "incredibly positive [experience that] . . . . foster[ed] a collaborative type approach." Participant 8 had frequent conversations to show

the CPs they had valuable input and focused on the strengths of the preceptors. Participant 1 felt valued knowing the athletic training program needed his site to fill certain CAATE requirements. He had a unique role that included teaching AT students' different skills not commonly found in traditional settings.

Summary of the Findings

The two major themes discussed were communication and support. Four subthemes reflected concerns about accreditation standards, job position, working relationships, and value. These emerged from the data analysis of participants' attitudes and perceptions. The main finding was that all participants expressed similar sentiments related to appreciating communication, welcoming support, and feeling valued within their athletic training programs. In Chapter 5, the researcher delves further into how the themes interconnect and apply to the theory–practice gap used in this research.

CHAPTER FIVE: CONCLUSION

Clinical education in healthcare professions is an integral component of students' education. Athletic training programs integrate didactic and hands-on skills to ready students for clinical practice after graduation (CAATE, 2020). This partnership requires academic athletic training faculty and clinical athletic trainers, who act as clinical preceptors (CPs) for the athletic training program, to work together for the benefit of the athletic training students (Meier, 2017; Mokris, 2012). In this study, the researcher interviewed clinical ATs who were associated with an athletic training program as well as faculty ATs to explore and clarify their working relationships. This chapter contains a review of the research question and responses followed by the interpretation of the findings, implications, and recommendations for action.

Review of Research Question and Summary of Responses

The principal research question for this study was: What are the attitudes and perceptions of working relationships between a select sample of faculty and clinical athletic trainers in CAATE-accredited athletic training programs? The interview questions encompassed ATs' attitudes and perceptions regarding their working relationships and their sense of felt value at work. The unexpected standards and degree change implemented by the Commission on Accreditation of Athletic Training Education (CAATE) occurring during this study produced invaluable data. The qualitative analysis resulted in recurring codes, which led to two major themes and four subthemes: Theme 1 was communication; the first subtheme identified was communication around the 2020 Standards. Theme 2 was support. The three subthemes related

to support were job position, working relationships, and value. The themes are discussed further in the interpretation of findings. The themes often overlapped and intertwined with each other.

Interpretation and Alignment of Findings with Literature

Theme 1: Communication

Communication was an overarching theme throughout the participants' data. Meier (2017) found communication and cooperation of educators both in the classroom and at the clinical site is crucial to the overall success of a program. Similarly, Carr and Drummond (2002) stressed the importance of good working relationships and communication between faculty and clinical preceptors—communication affects student learning. Participants were asked to comment on communication style and frequency and discuss facets of human interaction such as working relationships and relaying information to colleagues and students. This theme is supported by research in athletic training and CAATE as the accrediting body (CAATE, 2020; Carr & Drummond, 2002; Streveler, 2013).

CAATE 2020 Standard 32 states a program must provide "regular and ongoing communication" to address student needs and assessment procedures (CAATE, 2020, Guide to 2020 Standards section). Faculty ATs must report to the clinical preceptors annually about how communication is occurring (CAATE, 2020). Streveler (2013) referenced collaboration and physical presence as integral to good communication between faculty and clinical ATs. In this study, all the participants mentioned engaging in frequent communication through emails, meetings, trainings, and feedback.

Subtheme 1: Communication around 2020 Standards. The 2020 Standards become effective on July 1, 2020; all athletic training programs must adhere to the new standards, including adding clinical skills, some of which have not been previously taught (CAATE, 2020).

The importance of academic faculty and CPs communicating to deliver congruent educational knowledge and application of skills has been highlighted in numerous research articles related to communication and the theory–practice gap (Akram, Mohamad, & Akram, 2018; Baxter, 2007; EL Hussein Osuji, 2016; Fine, 1976; Streveler, 2013; Wright & Homer, 2017). Previous researchers have found the theory–practice gap in athletic training has been a major hindrance because of a breakdown between didactic and clinical learning (Gililland, 2015).

In this study, as a result of previous findings, the implementation timing of the 2020 Standards was identified as a subtheme labeled *communication around the 2020 Standards*. The researcher found a sense of concern and apprehension among the participants that ATs trained before 2018 were not educated in the same skills current athletic training students were learning. The anxiety regarding how to evaluate students on skills not previously learned by the CPs was evident. All the participants believed that increased communication would need to take place to understand the delivery of educational content and to determine how the students would be taught and evaluated. This gap is found in healthcare more often because of the reliance on clinical preceptors for student education (Akram, Mohamad, & Akram, 2018, Baxter, 2007). The introduction of the 2020 Standards in athletic training programs supported previous research on the concern of a theory–practice gap.

This time of transition highlights how clear and frequent communication will be imperative to keep CPs invested in the athletic training program. To develop a sense of value, the off-campus ATs will need more communication, collaboration, and training to feel secure in their roles as CPs in the context of the 2020 Standards. Mazerolle et al. (2014) discussed the need for role development with CPs using formal and informal processes to develop clinical preceptorship. According to one participant, fear was making ATs tentative of the 2020

Standards. Clinical preceptors in the athletic training program expressed uncertainty about the process of learning additional skills. This uncertainty, exemplified in participants' responses, was a feeling of concern, insecurity, and reduced value as a CP within their athletic training programs.

Theme 2: Support

All the participants felt supported by administrators, faculty, colleagues, or the athletes they served. Predominantly, the organizational model for ATs who work college athletics report to the athletic director (Eason, Mazerolle, & Goodman, 2017); however, all the participants in this sample reported to a hospital administrator, academic dean, or department chair. Thus, an interesting finding was that none of the ATs worked in the traditional model. Previous researchers have investigated the three different organizational infrastructure findings in collegiate athletic training settings (Eason, Mazerolle, & Goodman, 2017). In the current study, the researcher found that compared to the academic model (where ATs reported to a dean) or in the traditional athletics model, ATs who were in the medical model were better supported for patient care and overall well-being of the AT (Eason, Mazerolle, & Goodman, 2017). It appears all the participants perceived the academic and medical models as highly supportive.

Subtheme 2: Job position. Several researchers have studied joint appointments in which academic educators are also CPs and found joint appointments provide uniformity to clinical education (Baxter, 2007; Carr & Drummond, 2002; Fine, 1976; Streveler, 2013). Ogilvie et al. (2004) found success in collaboration that included the elements of mutual respect, trust, communication, and an environment conducive to working together. Six of the participants who reported to academics had a sense of accountability and responsibility within the athletic training program even when their main job responsibility was clinical work. Reporting to

academics appeared to affect the ATs' perceptions of value and sense of entitlement in the athletic training program. Frequent interaction and communication with the students and AT faculty facilitated the perception of positive working relationships. These clinical and academic ATs had frequent meetings about program goals, educational needs, and an appreciation for the clinical work being done. This mutual appreciation by the clinical and faculty ATs for one another provided the feeling of support and value that led to perceptions of positive working relationships. The other two participants who reported to hospital administrators felt supported and valued because of regular feedback on performance and because of the encouragement of administration for professional development. Mazerolle and Eason (2018) noted supervisor support and congeniality have a positive impact on athletic trainers, a finding confirmed in this research study.

The ATs in the sample with joint appointments or dual responsibilities of teaching and working clinically were not as concerned as pure faculty and CPs regarding a theory–practice gap or the new standards. Researchers have found dual appointments (in which the trainer works as both clinician and educator) were best for student learning and lessened the gap between didactic learning and clinical education (Carr & Drummond, 2002; Meier, 2017). The study participants in dual roles worked with seven to nine other ATs who shared the responsibility for both educational content and patient care; these participants felt more solidarity, viewing the challenge of instituting the new 2020 Standards as a positive. All the participants felt the standards represented an intriguing and motivating challenge. Their recognition of the importance of lifelong learning and continually growing as a professional to prevent stagnation was an important finding.

Subtheme 3: Positive working relationships. All the participants reported having positive working relationships. The factors leading to the perception of positive working relationships were feeling supported, having a boss who considered work-life balance important, having coworkers similar in age, and feeling congeniality. The athletic training programs' clinical and faculty ATs who worked together had a sense of comradeship; thus, facing challenges felt manageable. The similarity in age and presentation of additional clinical skills created the opportunity for them to learn as a group. This feeling of security in the absence of educational knowledge made the ATs more open to one another to foster mutual growth in their field.

Abu-Saad Huijer (2010) discussed how collaborative efforts in teaching and partnerships produced clinically relevant professionals for patients and enhanced educational objectives for students. Several of the ATs in the sample were friends with colleagues outside of work and attended social activities that encouraged trust and affection for one another. These relationships built a perception of positive working relationships. Underpinning all the themes found in this study, especially regarding working relationships, were perceptions of a supportive environment and a compassionate supervisor who cared about their work-life balance, promoted professional development, and held regular discussions about clinical excellence. Organizational climate and satisfaction can breed either positivity or negativity (Mazerolle & Eason, 2018); this researcher found only positive climates or environments supporting this theme

Subtheme 4: Value. A common theme involved participants' perceived feelings of value. They felt value through colleagues or supervisors who acknowledged their clinical or academic knowledge and offered frequent feedback on skills. A sense of commitment and belonging to their athletic training programs emerged from the data. The most noteworthy

finding was that every participant had been asked to either adjunct teach, be on a committee for an athletic training program, guest-lecture, or participate in student skill assessments. The participants felt they provided a sense of value to the program, evidenced by AT faculty asking CPs for opinions and participation in program activities. ATs in the sample perceived value in their positions when colleagues heard and supported them, as well as through evaluations and feedback, making them feel a sense of self-worth.

This finding of value is supported by previous research showing communication and collaboration between faculty and clinical CPs strengthens relationships (Carr & Drummond, 2002; Meier, 2017). Laurent and Weidner (2001) discussed the importance of sharing information and communication between education and clinical sites for the best student and patient outcomes. The feedback from students and faculty on their work was not only appreciated but also necessary for professional growth. Evaluations and feedback were important to all the participants, helping them recognize their strengths and weaknesses and demonstrate their commitment to the athletic training profession.

Participants expressed frustration when feedback was not given, which had negative consequences at work. The participants all had supervisors who provided consistent feedback, which led to increased feelings of value and worth. Collaboration and requests by athletic training program leaders give clinical ATs a sense of value and belonging. The perception of value as a CP or faculty AT was found in the notion of investing in others. This was noticed in the recognition and utilization of ATs strengths and weaknesses, which led to a sense of purpose and value in their athletic training programs.

Implications and Recommendations for Action

The theory–practice gap was the theoretical framework used in this research study (Abu-Saad Huijer, 2010; Akram, Mohamad, & Akram, 2018; Baxter, 2007; EL Hussein & Osuji, 2016; Fine, 1976; Jeffries et al., 2013; Streveler, 2013). This theory was applicable to the implementation of the 2020 Standards. The timing of these standards highlights the divergence of educational knowledge and clinical practice—the 2020 Standards have been updated with education content not taught before 2018 (Abu-Saad Huijer, 2010; EL Hussein & Osuji, 2016).

One implication from this study is the importance of having clinical ATs report to academics to develop stronger working relationships and a sense of cohesiveness to improve student learning. Strong clinical preceptors are imperative to an athletic training program (CAATE, 2020; Carr & Drummond, 2002, Meier, 2017). Regardless of the updated standards, highlighting the value and current educational knowledge of CPs is important. CPs know roughly 90% of the educational content of the 2020 Standards; only several additional learning objectives require further professional development. According to participants, to put these concerns to rest, the program's faculty should communicate and host educational sessions or in-services for the CPs.

Many of the standards or competencies in the 2020 Standards address the core learning objectives taught in athletic training programs since 2002 (NATA, 2020). Evaluations, therapeutic modalities, and rehabilitation of orthopedic injuries are integral parts of the profession, and these standards do not diminish that. Modulating and concentrating only on the added skills in the Standard update could hinder progress and foster fear among CPs in athletic training programs. A plan is needed to communicate the training of CPs clearly, provide opportunities for learning the new standards, and clarify the expectations of CPs within the

program. CAATE (2020) has stated the new skills can be taught through simulation; therefore, ATs who have not learned these skills will not lose their ability to be CPs. This caveat may relieve pressure on CPs to evaluate students on these skills and concentrate instead on patient care and other job responsibilities associated with athletic training.

Recommendations for Further Study

Further study is recommended regarding ATs' support and working relationships within the predominant athletics organizational model. This qualitative study included participants in both the medical and academic organizational models; thus, a comparison of findings with the athletics model could produce different findings. Additionally, a study on the athletics model could provide data to ascertain the best organizational model to support ATs' attitudes, health, and well-being (Mazerolle et al., 2017). Another qualitative study could compare the three organizational models, extending athletic training research.

The implementation of the 2020 Standards requires communication between the academic program and clinical preceptors (CAATE, 2020). A recommendation for future research is to repeat this qualitative study after the execution of the 2020 Standards. A comparison of perceptions about support and positive working relationships could be conducted. Data could be analyzed to determine if the communication styles found could be reproduced after a successful implementation. Future research to examine the impact of enrollment size is a further consideration. Specifically, future research is recommended to explore if larger institutions with a higher number of faculty and staff and increased access to resources may present different findings regarding the impacts of working relationships between faculty athletic trainers and clinical preceptors.

Further, another point of interest could involve investigating how athletic training programs institute trainings for clinical preceptors to address the skills gap. Evaluating the processes employed by academic programs for CP trainings two years after implementation could add to the theory–practice gap research in athletic training. This research could help future athletic training program leaders choose effective techniques to reduce the gap between educational content and clinical skills.

Conclusion

In this qualitative study, the researcher explored the theory–practice gap using an interpretive phenomenological approach to assess the attitudes and perceptions of working relationships between clinical and faculty ATs at CAATE-accredited institutions. The introduction of new standards by the athletic training accrediting body presented a timely opportunity to study a theory–practice gap in terms of working relationships between these two groups, which must collaborate for student learning. The study's findings emerged from interviews with eight participants who were associated with CAATE-accredited programs enrolling 5,000 or fewer students.

Theme 1 was communication, with a subtheme of communication around the 2020 Standards. The findings showed that frequent communication—for example, feedback, meetings, trainings, and collaboration—was important to the working relationships of the participants. The new standards presented a challenge to all involved but were seen as a positive opportunity for professional growth. Theme 2, support, was clarified by three subthemes: job position, positive working relationships, and value, all of which were interconnected and important in the data analysis. The feeling of support from administrators and colleagues in their respective job positions was positive for all the participants. ATs in the sample perceived

collaboration on teaching, evaluating students' skills, and regular communication as valued and conducive to positive working relationships. The feeling of working together for student education and being supported with professional development and growth was an important finding.

Clear communication about the 2020 Standards set forth by the CAATE will be imperative for program development (CAATE, 2020). The athletic training program leaders will need to provide clinical skill trainings for CPs, clearly delineate roles, and communicate the curricular content to support positive working relationships between CPs and AT faculty. If a supportive environment is present, communication is frequent, and value is felt in their job positions, ATs' perceptions of positive working relationships will likely last.

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APPENDIX A

FIRST STUDY INVITATION TO PARTICIPANTS

University of New England

Dear Athletic Trainer,

My name is Kathy Williams and I am a doctoral student at University of New England for Educational Leadership. I am emailing to invite you to participate in a research study on assessment of working relationships between athletic training faculty and clinical preceptors. My interest is in interviewing athletic training faculty and clinical preceptors at CAATE-accredited institutions. If you know of others at your institution who would qualify for this study, I ask you to forward this email onto them.

I would like the opportunity to interview you via a Zoom or phone session that will last approximately 30 – 60 minutes. Participation in this study is voluntary and you can withdraw at any time. The University of New England Institutional Review Board has deemed this study exempt. If you are interested in participating in this study or would like to know more about this opportunity, please respond with your contact information. A consent form will be sent to you via email for signature and a link to schedule an appointment time for the interview.

If you have further questions regarding this study, please contact Kathy Williams at XXX-XXX-XXXX or kwilliams28@une.edu.

Thank you for your consideration!

Sincerely,

Kathleen Williams MA, LAT, CSCS

Participants for this study were selected from the CAATE website as "in good standing" athletic training programs or listed the universities website as a clinical athletic trainer located in the state of Pennsylvania.

APPENDIX B

SECOND STUDY INVITATION TO PARTICIPANTS

University of New England

Dear Athletic Trainer,

This is a reminder you are invited to participate in an interview research study. My name is Kathy Williams and I am a doctoral student at University of New England for Educational Leadership. The purpose of the study is to explore the assessment of working relationships between athletic training faculty and clinical preceptors.

I would like the opportunity to interview you via a Zoom or phone session that will last approximately 30 - 60 minutes. Participation in this study is voluntary and you can withdraw at any time. If you are interested in participating in this study or would like to know more about this opportunity, please respond with your contact information. A consent form will be sent to you via email for signature and a link to schedule an appointment time for the interview.

If you have any questions, please contact Kathy Williams.
Thank you in advance for your consideration.

Sincerely,

Kathleen Williams MA, LAT, CSCS

Participants for this study were selected from the CAATE website as "in good standing" athletic training programs or listed the universities website as a clinical athletic trainer located in the state of Pennsylvania.

APPENDIX C

INTERVIEW PROTOCOL

Faculty Athletic Trainers – Program Director or Clinical Education Coordinator

Interviewee Name:

College Name:

Position Title:

1. How long have you been in the athletic training profession? Have you previously worked at other institutions as a faculty member or clinical preceptor?
2. What is your highest degree?
3. How long have you been at X college?
4. What is your role in the AT program at X college?
5. Does your role include joint appointment or clinical work as a preceptor?
6. How long have you been teaching in the athletic training program?
7. Describe the organizational structure of your academic department and to whom do you report.
8. Describe your working relationship with the clinical preceptors for the program. How often do you connect with your clinical preceptor colleagues? How do you communicate with one another and how often?
9. What is your perception of your value in the athletic training program at your current institution?
10. Tell me about a time when you received feedback on your performance as a faculty instructor. How did you handle the situation?
11. Tell me about your relationship with coworkers. Do you feel supported by your colleagues and the clinical preceptors?
12. How are you communicating to the clinical preceptors about the new *2020 Standards*? What changes have you already implemented or experienced with the implementation? How has this affected your communication to the clinical preceptors?
13. How is the environment within your current academic department? Describe the attitudes of other coworkers towards their job position at your institution.
14. What is your attitude towards daily work life?

Clinical Athletic Trainers – Clinical Preceptors

Interviewee Name:

College Name:

Position Title:

1. How long have you been in the athletic training profession? Have you previously worked at other institutions as a faculty member or clinical preceptor?
2. What is your highest degree?
3. How long have you been at X college?
4. What is your role in the AT program at X college?
5. Does your role include joint appointment or teaching in the AT program?
6. How long have you been a clinical preceptor in the athletic training program?
7. Describe the organizational structure of your department and to whom do you report?
8. Describe your working relationship with the athletic training faculty. How often do you communicate with one another?
9. What is your perception of your value in the athletic training program at your current institution?
10. Tell me about a time when you received feedback on your performance as a clinical preceptor. How did you handle the situation?
11. Tell me about your relationship with your coworkers. Do you feel supported by your colleagues and the athletic training faculty?
12. Are you aware of the new *2020 Standards*? How does faculty communicate to you about changes within the athletic training program? What changes have you already implemented or experienced with the new standards?
13. How is the environment within your current department? Describe the attitudes of other coworkers towards their job position at your institution.
14. What is your attitude towards daily work life?
15. How do you feel your opinion is valued in the athletic training program?

APPENDIX D

CONSENT FORM

UNIVERSITY OF NEW ENGLAND

CONSENT FOR PARTICIPATION IN RESEARCH

Version 8.22.18

Project Title: Assessment of Working Relationships between Athletic Training Program Faculty and Clinical Preceptors

Principal Investigator(s): Kathleen Williams

Introduction:

- Please read this form. You may also request that the form is read to you.
- The purpose of this form is to give you information about this research study, and if you choose to participate, document that choice.
- You are encouraged to ask any questions that you may have about this study, now, during or after the project is complete. You can take as much time as you need to decide whether or not you want to participate. Your participation is voluntary.

Why is this research study being done?

This research study is a dissertation requirement for University of New England to receive an Ed.D. in educational leadership.

Who will be in this study?

AT faculty that serve as Program Director or Clinical Education Coordinator within CAATE-accredited athletic training programs and clinical athletic trainers that serve as clinical preceptors will be invited to participate.

What will I be asked to do?

You will be asked to give your contact information and a scheduled time for an interview which will last approximately 30 - 60 minutes and conducted via phone or Zoom.

What are the possible risks of taking part in this study?

No foreseeable risks are associated with this study.

What are the possible benefits of taking part in this study?

There are no direct benefits for taking part in this study. Indirect benefit is to increase understanding of the working relationships between academic and clinical athletic trainers and the influence on an athletic training program.

What will it cost me?
There is to you no cost associated with this study.

How will my privacy be protected?
The research materials and participants will be kept confidential using pseudonyms and without identification of the institution.

How will my data be kept confidential?
The research materials and participants identifying information will be kept confidential except from the researcher. The researcher will utilize password protected and encrypted computers for data storage and pseudonyms for interview participants. A backup storage device for data that can only be accessed by the researcher will be used to protect any and all participant information.

What are my rights as a research participant?

- Your participation is voluntary. Your decision to participate will have no impact on your current or future relations with the University.
- Your decision to participate will not affect your relationship with a coworker.
- You may skip or refuse to answer any question for any reason.
- If you choose not to participate there is no penalty to you and you will not lose any benefits that you are otherwise entitled to receive.
- You are free to withdraw from this research study at any time, for any reason.
    - If you choose to withdraw from the research, there will be no penalty to you, and you will not lose any benefits that you are otherwise entitled to receive.
- You will be informed of any significant findings developed during the course of the research that may affect your willingness to participate in the research.
- If you sustain an injury while participating in this study, your participation may be ended.

What other options do I have?

- You may choose not to participate.

Whom may I contact with questions?

    - The researcher conducting this study is Kathleen Williams. For more information regarding this study, please contact kwilliams28@une.edu or call 937-672-8732.
- If you choose to participate in this research study and believe you may have suffered a research related injury, please contact Laura Bertonazzi at lbertonazzi@une.edu.
- If you have any questions or concerns about your rights as a research subject, you may call Mary Bachman DeSilva, Sc.D., Chair of the UNE Institutional Review Board at (207) 221-4567 or irb@une.edu.

Will I receive a copy of this consent form?

- You will be given a copy of this consent.

Participant's Statement

I understand the above description of this research and the risks and benefits associated with my participation as a research subject. I agree to take part in the research and do so voluntarily by clicking on the YES buttons within the launch page.

Participant's signature or Legally authorized representative	Date
Printed name	

Researcher's Statement

The participant named above had sufficient time to consider the information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

Researcher's signature	Date
Printed name	